

Testorapid® 100mg/ml

GENERIC NAME

Testosterone Propionate

CHEMICAL NAME

17β-Hydroxy-4-androsten-3-one 17-propionate

MOLECULAR STRUCTURE

C₂₂H₃₂O₃

MOLECULAR WEIGHT

344.49

PROPRIETARY NAME: Testorapid®

DOSAGE FORM: 100mg/ml injection

COMPOSITION

Each ml of Testorapid contains Testosterone Propionate USP 100mg in oily base quantity sufficient.

PHARMACOLOGICAL CLASSIFICATION

Androgenic Hormone.

MECHANISM OF ACTION

Testosterone is secreted from Leydig cell of testes. It is responsible for development of secondary sex characters in males at the time of puberty and subsequent maintenance of spermatogenesis during reproductive life of males. It binds to intracellular receptors in target cells where as the hormone receptor complex translocates to nucleus where it attaches to specific binding sites on the chromosomes. This leads to increased synthesis of mRNA and protein

PHARMACOKINETIC PROPERTIES

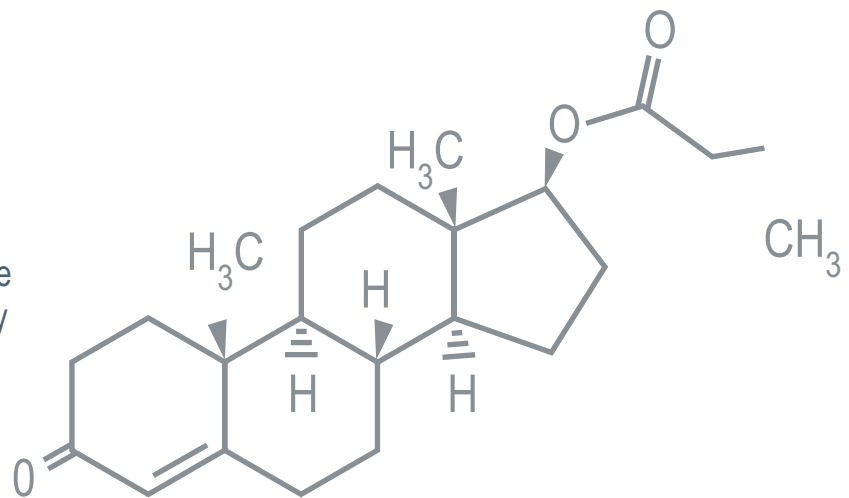
Testosterone propionate is an oil-based injectable testosterone. Testosterone Propionate has anabolic as well as androgenic properties, as well as a shorter half life compared to cypionate & enanthate esters. Testosterone propionate has a duration of effect of 1 to 2 days, therefore, testosterone propionate is much faster acting than other testosterone esters.

Propionate is a rapidly effective testosterone that must be injected more often, and requires a much more frequent dosing schedule in order to maintain stable blood levels. Testosterone is 98% bound to a specific testosterone-estradiol binding globulin in plasma, and about 2% is free.

Approximately 90% of a dose of testosterone is excreted in the urine as glucuronic and sulphuric acid i.e., conjugates of testosterone and its metabolites; 6% of a dose is excreted in the feces, mostly in the conjugated form. Inactivation of testosterone occurs primarily in the liver. Testosterone is metabolized to various 17-keto steroids.



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INDICATIONS

Male:

Testicular failure: hypogonadal disorders, eunuchoidism, endocrine impotence, hypopituitarism, loss of libido, delayed puberty, osteoporosis, infertility due to disorders of spermatogenesis, Male climacteric symptoms, hereditary angioneurotic oedema.

Female:

Genital carcinoma, Endometriosis, fibroids, breast carcinoma, menopausal syndrome.

SIDE EFFECTS AND SPECIAL PRECAUTIONS

Testosterone Propionate, when administered in the body, is partially converted to both estrogen as well as Di-hydrotestosterone. These are often the cause of many side effects such as gynecomastia, water retention, hair loss and prostate enlargement. Also, as with most steroids, injected testosterone propionate will inhibit natural testosterone levels and HPTA (Hypothalamic Pituitary Testicular Axis). The advantage of testosterone propionate, in this respect, is that it will clear the system more quickly than other esters, and allow recovery to begin at an earlier stage. If there is a predisposition and very high dosages are taken, the known androgenic-linked side effects are acne vulgaris, accelerated hair loss, and increased growth of body hair and deep voice can occur.

The toxic influence on the liver is minimal so that a liver damage is unlikely compared to enanthate esters. An increased libido is common both in men and women with the use of propionate. Testosterone propionate is a more painful injection, pronounced soreness and low-grade fever that may last for a few days, with swelling and noticeable pain around the injection site.

CONTRA-INDICATIONS

- Carcinoma of the male breast.
- Carcinoma known or suspected of the prostate.
- Cardiac, hepatic or renal impairment.
- Hypercalcemia.
- Prepubertal males.



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- Hypersensitivity to testosterone or any other excipients.
- Pregnancy and feeding mothers as testosterone esters causes foetal harm.

DRUG INTERACTIONS

Anticoagulant: Testosterone may potentiate the effects of anticoagulant. Antidiabetic agents & Insulin: may reduce the blood glucose level & insulin in diabetic patients. Oxyphenbutazone: concurrent administration of Oxyphenbutazone and androgens may result in elevated serum levels of oxyphenbutazone. Rifampicin and Phenobarbitone may increase rate of metabolism.

PRESENTATION

5 ampoules of 1ml Testorapid (100mg/ml) in a plastic tray and such 2 trays in a carton.

DOSAGE AND DIRECTIONS FOR USE

TESTORAPID injections should be administered intramuscularly. The most common dosage is 50 to 100mg, every day or 2nd day and total weekly dosage would be in the range of 300-400mg. Females: 50-100 mg three times in a week for the treatment of breast cancer in women.

STORAGE

Store in a cool dry place below 25° C.
Ampoules to be stored in outer carton box.

MARKETED BY

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